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**REGISTRATION FORM**

1. Name of the Candidate: Mr. / Mrs. / Ms. :
2. Indicate: Male / Female :
3. Category: (i) Indicate: Faculty Member / Ph.D. Scholar  
(ii) Name of the Highest Degree Qualification:
4. Name , Designation and Address of the Dept. and Institute:

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5. (a) Contact email ID:  
(b) Contact Cell #:
6. Institute Type: TEQIP Phase – III Funded / Non TEQIP Phase - III Funded
7. Purpose of Attending the Training Program (Statement of Purposes):

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DECLARATION: We hereby declare that the information provided above is correct.

(Candidate's Signature)

Signature of the Faculty Advisor / Head of the Dept/ Director / Principal

Office Seal